

073

**MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/521030

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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46							
47							
48							
49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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64							
65							
66							
67							
68							
69							
70							
71			1				
72			1				
73			1				
74			2				
75			2				
76			3				
77			3				
78			3				
79			3				
80			3				
81			3				
82			3				
83			3				
84			3				
85			3				
86			3				
87			3				
88			1				
89			1				
90			1				
91			3				
92			3				
93			3				
94			3				
95			3				
96			3				
97			3				
98			3				
99			3				
100			3				
TOTAL IND.					↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

MULTIPLE DEPENDENT CLAIM
FILE CALCULATION SHEET
(USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

203

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
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115							165						
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117	J						167						
118	J						168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						
125							175						
126							176						
127							177						
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130							180						
131							181						
132							182						
133							183						
134							184						
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136							186						
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138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.			↓	3	↓	↓							
TOTAL DEP.			←	84	←	←							
TOTAL CLAIMS			██████████	██████████									

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
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SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101						151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
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127							177						
128							178						
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132							182						
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137							187						
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140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						